



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW WABASH HOSPITAL

City of Hospital: Wabash

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Sonya Foraker

Email Address: sonya.foraker@parkview.com

Medicare Provider Number: 15-1310

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9335853
Outpatient Patient Service Revenue	\$91224988
Total Gross Patient Service Revenue	\$100560841

2. Deductions From Revenue

Contractual Allowance	\$60338204
Other Deductions	\$3238648
Total Deductions	\$63576852

3. Total Operating Revenue

Net Patient Service Revenue	\$36983989
Other Operating Revenue	\$1562090
Total Operating Revenue	\$38546079

4. Operating Expenses

Salaries and Wages	\$9208048	Employee Benefits	\$2842518
Depreciation and Amortization	\$8766010	Interest Expense	\$510086
Bad Debt	\$4068850	Other Expenses	\$20307428
Total Operating Expenses	\$45702940		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7156861	Total Assets	\$22493838
Net Non-operating Gains over Loss	\$-2693	Total Liabilities	\$22493838

Total Net Gains	\$-7159554
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52098587	\$34273293	\$17825294
Medicaid	\$16601063	\$13583538	\$3017525
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$31861191	\$15720021	\$16141170
Total	\$100560841	\$63576852	\$36983989

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$50901	\$-50901

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$8400	\$249779	\$-241379

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$15276
Number of Citizens Exposed to Health Education Messages	\$17793

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$896420	
HCI Payments	\$0		
Subtotal	\$0	\$896420	\$-896420
Medicaid Shortfalls	\$2591359	\$4589190	
Subtotal	\$2591359	\$5485610	\$-2894251
DSH Payments	\$0		
Subtotal	\$2591359	\$5485610	\$-2894251
Medicare Shortfalls	\$16644283	\$14375831	
Other Government Programs	\$0	\$0	
Total	\$19235642	\$19861441	\$-625799

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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